	yes	no
Home and con	munity care servi	ces are available Statewide.
XXX	yes	no
If no, these the following the State (s	ng geographic area	available to individuals only in as or political subdivisions of
Supplement v	vill be limited to	re services specified in this the following target groups of
recipients (<pre>(specify all restr aged (age 65 a</pre>	rictions that will apply):
b	individuals ac under a waive 1915(c) of the waiver was ter standards for in Appendix A.	with §1929(b)(2)(A) the Act ge 65 or older who were served er granted pursuant to section a Act on the date on which that minated. Financial eligibility these individuals are specified Minimum disability standards andividuals are specified in
	In accordance	with §1929(b)(2)(A) the Act
c	granted pursua on the date terminated. I for these i Appendix A.	no were served under a waive nt to section 1915(d) of the Act

d. XXX In accordance with §1929(b)(2)(B) of the Act, individuals who meet the test of disability under the State's §1115 waiver which provided personal care services under the State plan for functionally disabled individuals, and which was in effect on December 31, 1990. Financial eligibility standards for these individuals are specified in Appendix A. Functional disability standards for these individuals are specified in Appendix B.
Standards for financial eligibility are set forth in Appendix A. Each individual served shall meet applicable standards for financial eligibility.
Each individual served will meet the test of functional disability set forth in Appendix B.
Additional targeting restrictions (specify):
a Eligibility is limited to the following age groups (specify):

4.

5.

6.

b.

c.

for this assessment.

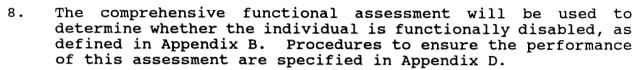
7. The State will provide for a comprehensive functional assessment for a financially eligible individual who meets the targeting requirements set forth in item 3 and 6 of this Supplement. This assessment will be provided at the request of the individual or another person acting on such individual's behalf. The individual will not be charged a fee

Other (specify):

Eligibility is limited by the severity of

disease or condition, as specified in Appendix

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	HCFA 179 71-30	



9.	In order to con (Check one)	nduct the Comprehensive Functional Assessment:
	a	The State will use the assessment instrument designed by HCFA.
	b	The State will use an assessment instrument consistent with the minimum data set of core elements, common definitions, and utilization guidelines specified by HCFA. A copy of the assessment instrument can be found at Appendix D.
	c. <u>XXX</u>	The State will provide services under §1929(b)(2)(B) and use an assessment instrument which is consistent with the one in use for its §1115 waiver at the date of the waiver's discontinuance.

- 10. The comprehensive functional assessment will be reviewed and revised not less often than every 12 months. Procedures to ensure this review and revision are specified in Appendix D.
- 11. The comprehensive functional assessment and review will be conducted by an interdisciplinary team designated by the State. Qualifications of the interdisciplinary team are specified in Appendix D.
- 12. Based on the comprehensive functional assessment or review, the interdisciplinary team will:
 - a. identify in each such assessment or review each individual's functional disabilities and need for home and community care, including information about the individual's health status, home and community environment, and informal support system; and

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- b. based on such assessment or review, determine whether the individual is (or continues to be) functionally disabled.
- 13. The results of the comprehensive functional assessment or review will be used in establishing, reviewing and revising the individual's Individual Community Care Plan (ICCP).
- 14. An ICCP will be developed by a qualified community care case manager for each individual who has been determined, on the basis of a comprehensive functional assessment, to be a functionally disabled elderly individual.
- 15. All services will be furnished in accordance with a written ICCP which:
 - a. is established, and periodically reviewed and revised, by a qualified community care case manager after a face-toface interview with the individual or primary care giver,
 - b. is based upon the most recent comprehensive functional assessment of the individual;
 - c. specifies, within the amount, duration and scope limitations specified in Appendix C, the home and community care to be provided under the plan. The ICCP will specify the community care services to be provided, their frequency, and the type of provider to furnish each service;
 - d. indicates the individual's preferences for the types and providers of services; and
 - e. may specify other services required by the individual.

A copy of the ICCP to be used in implementing this benefit is included in Appendix E.

- 16. Each individual's ICCP will be established and periodically reviewed and revised by a qualified community care case manager, as provided in Appendix E.
- 17. A qualified community care case manager is a nonprofit or public agency or organization which meets the conditions and performs the duties specified in Appendix E.

TN NO.: 41-30 Approval Date: 12-27-91	STATE Effect & Davins 17-1-91
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	HCFA 179 - 41-80

a.		_ Homemaker services	
b.		_ Home health aide services	-
c.		_ Chore services	
d.	XXX	_ Personal care services	
e.		Nursing care services provided by, or under the supervision of, a registered nurse	er
f.		_ Respite care	
g.		_ Training for family members in managing the individual	he
h.		Adult day care	
i.		_ The following services will be provided individuals with chronic mental illness:	to
	1. 2. 3. 4.	Day treatment Partial hospitalization Psychosocial rehabilitation services Clinic services (whether or not furnished in a facility)	ed
j.		Other home and community-based services (other than room and board) as the Secretary management of the services will be approved. The following other services will be provided:	ay
	1.	Habilitation	
	Α.	Residential habilitation	
	В.	Day habilitation	
	2. 3	Environmental modifications Transportation	
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4.		Specialized medical equipment a supplies	and
5. 6. 7. 8. 9.		Personal emergency response systems Adult companion services Attendant care services Private duty nursing services Extended State plan services (check a that apply):	a"ll
	A	Physician services	
	В	Home health care services	
	c	Physical therapy services	
	D	Occupational therapy services	
	E	Speech, hearing and language services	
	F	Prescribed drugs	
	G	Other State plan services (specify):	
10.		Other home and community based service (specify):	s -

- 19. The State assures that adequate standards for each provider of services exist and will be met. These provider standards are found at Appendix C-2.
- 20. The agency will provide an opportunity for a fair hearing, under 42 CFR Part 431, subpart E, to individuals who are adversely affected by the determinations of the interdisciplinary team, or who are denied the service(s) of their choice or the provider(s) of their choice, or who disagree with the ICCP which has been established.

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- 21. Federal Financial Participation (FFP) will not be claimed for the home and community care services specified in item 7 of this Supplement prior to the development of the ICCP. FFP will not be claimed for home and community care services which are not included in the ICCP.
- 22. The State provides the following assurances to HCFA:
 - a. Home and community care services will not be furnished to recipients while they are inpatients of a hospital, NF, or ICF/MR.
 - b. FFP will not be claimed in expenditures for the cost of room and board, except when provided as part of respite care furnished in a facility which is (1) approved by the State, and (2) not a private residence. Meals furnished under any community care service (or combination of services) will not constitute a "full nutritional regimen" (3 meals a day).
 - c. FFP will not be claimed in expenditures for the cost of room and board furnished to a provider of services.
 - d. The agency will provide HCFA annually with information on the amount of funds obligated by the State with respect to the provision of home and community care to the functionally disabled elderly in that fiscal year. These reports will begin with information relative to FFY 1990. The State assures that it will provide data on its maintenance of effort, as required by section 1929(e) of the Social Security Act, in such format and at such times as are specified by HCFA.
 - e. The home and community care provided, in accordance with this Supplement and Appendices, will meet all requirements for individual's rights and quality of care as are published by HCFA.
 - All individuals providing care are competent to provide such care; and
 - Each individual receiving home and community care will be accorded the rights specified in Appendix F.

TN NO.: Supersede Dave Dave September 1991

DATE REC'D Effective Dave 1991

DATE APPV'D DEC 27 1991

DATE EFF 1991

HCFA 179

- 23. FFP will not be claimed for the home and community care services specified in item 7 of this Supplement in any quarter to the extent that cost of such care in the quarter exceeds 50 percent of the product of:
 - a. the average number of individuals in the quarter receiving home and community care;
 - b. the average per diem rate of Medicare payment for NF care furnished in the State during such quarter; and
 - c. the number of days in such guarter.
- 24. Community care settings in which home and community care is provided will meet the requirements set forth in Appendix G.
- 25. The State will refuse to provide Home and Community Care in settings which have been found not to meet the requirements of §1929(g) and (h).
- 26. The State will comply with the requirements of §1929(i) of the Act, regarding survey and certification of community care settings.
- 27. The State will comply with the requirements of §1929(i) of the Act, regarding the compliance of providers of Home and Community Care and reviews of this compliance.
- 28. The State will provide for an enforcement process for providers of Home and Community Care as required by §1929(j) of the Act.
- 29. The State assures that payment for home and community care services will be made through rates which are reasonable and adequate to meet the costs of providing care, efficiently and economically, in conformity with applicable State and Federal laws, regulations, and quality and safety standards.
- 30. Payment will not be made for home and community care to reimburse (or otherwise compensate) a provider of such care for payment of a civil money penalty imposed under Title XIX or Title XI of the Social Security Act or for legal expenses in defense of an exclusion or civil money penalty under Title XIX or Title XI of the Social Security Act if there is no reasonable legal ground for the provider's case. The State

TN NO.: Mre-Du Pare Dete DEC 27 199 STATE Effective SEP 30 1991

DATE REC'D DEC 27 1991

DATE APPVID DEC 27 1991

HOFA 179 — 11-30

will consider that reasonable legal ground exists if the provider's defense prevails.

31. The State will begin provision of services under section 1905(a)(23) of the Social Security Act effective (specify date): July 1, 1991

These services will be provided for a minimum of four calendar quarters, beginning on this date.

32. Services will be provided to eligible recipients for the duration of the period specified in item 31, above, without regard to the amount of FFP available to the State.

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TN NO.: 91-30 Superseded TN NO.: Pre- December 1991 Superseded TN NO.: Pre- December 1991

APPENDIX A - FINANCIAL ELIGIBILITY FOR SERVICES

APPENDIX A-1 MEDICAID ELIGIBILITY GROUPS SERVED

В.

1.

- Home and community care services will be made available to individuals age $6\bar{5}$ or older, when the individuals have been determined to be functionally disabled as specified in Appendix B. States operating under §1929(b)(2)(B) may serve additional age groups.
- Individuals served under this provision must meet the b. following Medicaid eligibility criteria (check all that apply) (States covered by \$1929(b)(2)(B) do not have to complete):

1.	SSI/SSP recipion been determined specified in Approximately 1985.	l to be function	r older who have nally disabled as
	Α.	methodologies	uses the same for treatment of

income and resources as used in the SSI program (or the optional State supplement program which meets the requirements of 42 CFR 435.230, as appropriate).

The agency uses methodologies for treatment of income and resources that differ from those of the SSI program. These differences result from restrictions applied section 1902(f) of the Act. The methodologies are described in Supplement 5 to Attachment 2.6-<u>A.</u>

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